



***Reaching Malnourished Children in Haiti with Lifesaving Care:
A Program Description Presented to ACTMON
March 2017***

In 2015, Haiti was estimated to be the most food insecure country in the world, and in 2016 Haiti's score on the index dropped by 2 points. One in five Haitian children is malnourished, one in 10 is acutely malnourished, and 88 of 1000 (or 1 in 11) will die before their fifth birthday. Children with severe acute malnutrition are nine times more likely to die than healthy children. Severely malnourished children who do survive often suffer from physical and mental health challenges that can last a lifetime—negatively impacting families and communities for generations to come.



In times of severe food insecurity, infants and young children are most at risk for serious and life-threatening malnutrition, including acute severe malnutrition, the most deadly form. **Experts at Hôpital Albert Schweitzer Haiti (HAS) believe the risk of severe acute malnutrition in children will increase overall in Haiti, as a result of global warming impacting food production and inflation caused by a falling currency.**

The Community-based Management of Acute Malnutrition (CMAM) program at HAS offers a model of prevention and care for malnutrition in children under five. Last year, HAS performed over 104,000 malnutrition screenings, and treated hundreds of children for acute severe malnutrition. Since 2012, we have seen a **36 percent reduction in the number of children who must be admitted to the hospital for severe acute malnutrition.** This dramatic improvement is due, in large part, to the community-based model we have adopted, which allows HAS to treat severely malnourished children in their community, before they develop the life-threatening complications that send them to the hospital.

An inpatient stay in the malnutrition ward at the main hospital HAS averages three weeks and often represents many hours of arduous travel for the family. More significantly, the child's primary caregiver, who accompanies the child to the hospital, often must leave work (perhaps the family's only source of income) and other small children at home for the duration of their stay. An inpatient stay, though life-saving, is thus often very disruptive to the entire family. HAS's community-based program addresses these challenges facing families, and has proven to be extremely effective in treating serious cases of malnutrition.

Most families served by the program come from our large service region of 350,000 people—the majority from very impoverished, remote mountain regions—but families with severely malnourished babies and children travel from across Haiti. Very few malnutrition treatment programs exist in the



rural, relatively remote areas of Haiti surrounding the HAS service area, and the HAS CMAM program is often a family's last resort to save the life of their young child. Parents are willing to make the long, difficult trip to HAS clinics and nutrition centers because they know their children will receive the care they need. At this time, no child coming to HAS for malnutrition care is turned away.

However, in 2015, HAS's ability to continue running the CMAM program is under threat. In order to avoid losing this program and the remarkable strides made over the last several years, HAS urgently requires additional support of the program to ensure its continued existence.

Funding from multilateral agencies has diminished throughout Haiti, leaving our program with a severe budget gap. Most crucial is ensuring stable funding of salaries for malnutrition program nurses, Community Health Workers, and other staff, without whom the program could simply not exist. We must also find funding for the medications, materials, and transportation costs to make sure these health workers are able to perform their jobs in remote and challenging locations. Lastly, we must secure funding for ongoing training and management support for Community Health Workers and program nurses, including training to educate at-risk families about preventing and treating malnutrition, which is a critical component of the program's success. Mothers who receive regular encouragement and education from nurses and Community Health Workers are much more equipped to adequately nourish their children at different stages of development, and to recognize the warning signs of malnutrition.

The benefits to children and their families are clear. Children diagnosed with serious forms of malnutrition immediately begin a treatment protocol through their nearest HAS health center, and will begin to be seen every week at that health center. If children develop any medical complications in spite of this care, health center nurses refer them directly to the inpatient malnutrition unit at the main hospital; their inpatient stay will be completely free of cost, a gift made possible by a longtime private donor to HAS. Once children are sufficiently recovered and any secondary health issues have been addressed, they will return home to receive outpatient care at their local HAS health center. Once a child recovers and is discharged from the program, an assigned Community Health Worker will follow up with an additional home visit. The child will then be screened for malnutrition each month at an HAS health post. Ongoing monthly screenings are critical to ensuring that children in these rural and impoverished areas can remain healthy.



The average length of time in the entire community-based program is typically eight weeks, though it can last for 16.

Despite the length of time and substantial commitment the program represents, very few of the mothers abandon treatment for their child. They are desperate to find a solution for their children, and show extraordinary dedication to successfully completing the program. Mothers from remote mountain

community often walk for four or five hours to reach the nearest HAS health center, a trip they must make many



times over the course of the program. When parents do give up on the program, HAS staff have found, it is usually when stock-outs of therapeutic foods and medicines have occurred. We strive to prevent stock-outs from ever occurring, and need support in our efforts now more than ever.

HAS currently runs six nutrition centers, four of which are located in very remote mountain parts of the HAS service area, where cases of severe malnutrition are most likely to occur—and where access to health care is most rare in Haiti. The dedicated, hardworking nurses and other staff who operate these nutrition centers are critical to their successful operation and indeed to their continued existence. **A gift of \$25,000 from ACTMON in 2017 will support the cost to run one of these six nutrition centers for the entire year.** A generous gift at this level will help us enormously in creating continuity of care for this program, and in preventing stock-outs of crucial therapeutic foods and medical supplies. We are very grateful for your thoughtful consideration and for your interest in the life-saving work of HAS.

Thank you for your generous support of Hôpital Albert Schweitzer Haiti!

